



Examining Barriers for Deaf Children

Deaf children face many barriers, such as lack of awareness about Deafness and the culture, social and cultural attitudes (Musau, 2021), such as lack of British Sign Language (BSL) education and inconsistent support in early years' education and childcare. Within Wales, 80% of services do not fund BSL course for families, hindering opportunities to communicate and provide an inclusive environment for their Deaf child (NDCS Cymru, 2023). Deaf children in Wales face barriers to limited access to early years education. They often lack access to British Sign Language (BSL) and individualized support, such as specialist Speech and Language Therapy. Delayed identification and insufficient resources lead to isolation and emotional challenges. Whilst hearing equipment is available in early years' settings, its absence at home creates communication and inclusion gaps. The exclusion of Teachers of the Deaf from early checks leaves families without vital guidance (Deafness Resource Centre, 2023).

Ceri Williams, 2307333 Poster word count:- 797

Introduction

Today's webinar will explore the identification and diagnosis of deafness in children, whilst considering associated barriers and strategies. Approximately 90% of Deaf children are born to hearing parents (National Deaf Children's Society (NDCS), 2021a; Education Scotland, no date, British Deaf Association (BDA) 2024), and recent data indicates there are around 53,954 Deaf children in the UK, ranging from mild to profound levels of hearing loss (Wright *et al.*, 2021; NDCS, 2022). According to the BDA (2015) and GBD 2019 Hearing Loss Collaborators (2021), Deafness is the third most common disability worldwide, yet it often goes unnoticed in public spaces. These figures highlight the need for early detection and individual interventions to support Deaf children and their families.

Identifying and Supporting Deafness

Strategies to Support Deaf Children

One strategy suggested by Welsh Government (2019) is video feedback interventions, this is one way to support communication between parents and their deaf child. These interventions would involve recording play interactions to improve specific aspects like gaining the child's attention. Using of techniques such as getting down to eye level, improving visual and auditory accessibility, and using attention-getting strategies have been shown to lead to significant benefits (Chilton *et al*, 2023). Guided feedback from specialists helps parents build confidence, improve sensitivity, and enhance child communication and involvement. Studies, such as those by Lam-Cassettari *et al.* (2015), Kamble & Lam-Cassettari (2013), and Wadnerkar Kamble *et al.* (2020), demonstrate that video feedback interventions foster parental sensitivity, emotional availability, and communicative autonomy in prelingual deaf children. By refining parental communication strategies and focusing on quality interactions, these interventions strengthen parent-child relationships and lay a strong foundation for language and relational development. Systematic reviews underscore the intervention's effectiveness in fostering secure attachment, enhancing parental sensitivity, and supporting child development (Association for Video Interaction Guidance UK, no date; Dodsworth, Kelly, & Bond, 2021). Research further highlights VFIs use in improving communication and relationships, both in family settings (Maxwell & Rees, 2019) and educational settings (Rogers, 2021).

Identification and diagnose of Deafness

Automated Otoacoustic Emission (AOAE) test is a new-born hearing test that is done ideally in the firsts three to four weeks, but can be done up to three months old. The AOAE test is done using a small soft eat piece that is gently placed in the baby's ear to play gentle clicking sounds. A second test called Automated Auditory Brainstem Response may be completed if the results are unclear from the AOAE test. This uses sensors on the baby's head and soft earphones again to measure clicking sounds (National Health Service, 2024; NDCS, 2024). However, AOAE screening alone has lower sensitivity (0.77) than single-stage AABR (0.93), making it less effective in detecting hearing impairments (Heidari, Olyae Manesh, & Rajabl, 2015). AOAE can miss auditory neuropathy, where the auditory nerve malfunctions despite normal inner ear function. Additionally, inconsistent protocols lead to unreliable results, highlighting the need for standardization (Hall, 2015). This is further supported by Gellrich *et al.* (2023) mentions that new-borns who fail the AOAE and AABR frequently show hearing impairments during follow-ups. Whilst the AOAE might miss auditory neuropathy and mild hearing loss, and the AABR primarily detecting moderate to profound hearing loss, resulting undiagnosed cases of mild hearing loss amongst new-borns.



(Coates, [Image], 2003)



(NHS Tayside, [Image], no date)

Conclusion

In conclusion, early identification and intervention I important for supporting Deaf children's development and overcoming communication barriers. Screening tests like the AOAE and AABR play a vital role in detecting hearing impairments, but a dual-screening approach and standardized protocols are necessary to improve detection, especially for milder cases. While Deaf children face significant challenges due to societal attitudes, inconsistent access to Deaf culture and BSL, and delays in intervention, strategies like video feedback interventions show promise in enhancing parent-child communication. However, limitations such as access to trained specialists and cultural barriers must be addressed to ensure these interventions are effective. To fully support Deaf children, there is a need to recognise Deafness as a cultural identity and provide inclusive, accessible resources. A collaborative effort across healthcare, education, and communities can help bridge these gaps, ensuring Deaf children can thrive in both their academic and social lives.